IDTA REGIONAL CONTEST ENTRY FORM

Location of Contest		Contest Date				
School:						
Team Name:		Team Size:				
Coach's Name:						
Coach's Phone:						
 Team Entry fee is \$70 In order to be eligible the contest in which the Soloist Entry fee is \$3 IDTA member DANC Teams may also choose will provide teams with contest or the IHSA Soloist Please refer to the IDT NO REFUNDS WILL 	contest to the contact person 0.00 for up to two routines and to accept any State qualification is received. 0.00 for one routine—solois CE or FLAG team. In additions to enter up to two routine th scores/judges feedback us tate contest in this category. TA Constitution for team and L BE ISSUED FOR DROP ontest less than 14 days prior to accept the contest less than 14 days prior to accept the contest less than 14 days prior to accept and the contest less than 14 days prior to accept and the contest less than 14 days prior to accept and the contest less than 14 days prior to accept any state of the contest less than 14 days	ad \$15.00 for each attions, teams must are limited two n, there is a limit of in the IHSA Cating the IHSA Score as soloist category of PPED ROUTINE	additional routi have membersh (2) regional con of two (2) solois tegory at contest ring Rubric. Par descriptions and S. There is an	ntests per season tests per team at eas prior to the II ticipants WILL competitive guadditional \$50	n and must be seach regional co HSA State Series NOT advance uidelines.	eniors on an impetition. s. This categor to the IDTA Secretary of the sec
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Dance ____ Flag ____

Name: